

**TRANSMITTAL AND NOTICE OF APPROVAL OF  
STATE PLAN MATERIAL**  
FOR: HEALTH CARE FINANCING ADMINISTRATION

1. TRANSMITTAL NUMBER:

0 0 — 2 2

2. STATE:

Kansas

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL  
SECURITY ACT (MEDICAID)

4. PROPOSED EFFECTIVE DATE

February 1, 2001

TO: REGIONAL ADMINISTRATOR  
HEALTH CARE FINANCING ADMINISTRATION  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

Section 1902(a) of the Act; 42 CFR  
Part 440 Subpart B

7. FEDERAL BUDGET IMPACT:

a. FFY 2001 \$ ( 99,200)

b. FFY 2002 \$ (148,800)

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 3.1-A  
Supplement 1  
Pages 11-159. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION  
OR ATTACHMENT (If Applicable):Attachment 3.1-A  
Supplement 1  
Pages 11-15

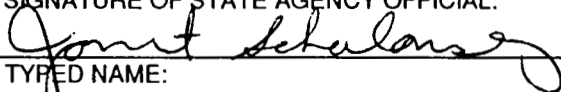
10. SUBJECT OF AMENDMENT:

Targeted Case Management for the frail elderly population

11. GOVERNOR'S REVIEW (Check One):

☐ GOVERNOR'S OFFICE REPORTED NO COMMENT☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL☒ OTHER, AS SPECIFIED:Janet Schalansky is the  
Governor's Designee

12. SIGNATURE OF STATE AGENCY OFFICIAL:



13. TYPED NAME:

Janet Schalansky

14. TITLE:

Secretary

15. DATE SUBMITTED:

12/27/00

16. RETURN TO:

Janet Schalansky, Secretary  
Social & Rehabilitation Services  
6th Floor, DSOB  
915 SW Harrison  
Topeka, KS 66612

## FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:

12/28/00

18. DATE APPROVED:

MAR 23 2001

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

02/01/01

21. TYPED NAME:

Thomas W. Lenz

22. TITLE:

ARA for Medicaid and State Operations

23. REMARKS:

Schalansky  
Haverkamp

KANSAS MEDICAID STATE PLAN

Revision: HCFA-PM-87-4  
March 1987

(BERC)

Supplement 1 to Attachment 3.1-A

Page 11

OMB: 0939-0193

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: Kansas

A. Target Group:

Individuals who are Medicaid eligible, are age 65 or older, and meet the Medicaid long-term care threshold as determined by a qualified case manager.

B. Areas of State in which services will be provided:

× Entire State

Only in the following geographic areas (authority of section 1915(g)(1) of the Act is invoked to provide services less than statewide.

C. Comparability of Services:

× Services are provided in accordance with section 1902(a)(10)(B) of the Act.

Services are not comparable in amount, duration and scope. Authority of section 1915(g)(1) of the Act is invoked to provide services without regard to the requirements of section 1902(a)(1)(B) of the Act.

D. Components of Targeted Case Management:

1. Service Coordination

Initiating contacts and/or conferences with the consumer, his or her legal representative if necessary, providers, and others as agreed to by the consumer to coordinate the implementation of the services on the plan of care.

Determining the continuum of services available from formal and informal providers that will effectively meet the individual's needs, within authorized costs, as identified in the plan of care.

Coordinating essential services with the consumer, formal and informal service providers, and other agencies to insure that the plan of care is implemented efficiently.

Only qualified individuals under E.1.a, E.1.b, E.1.c, or E.1.d may provide this component.

KANSAS MEDICAID STATE PLAN

Revision: HCFA-PM-87-4 (BERC) Supplement 1 to Attachment 3.1-A  
March 1987 Page 12  
OMB: 0939-0193

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: Kansas

Finalizing prior authorization of the consumer's plan of care prior to its implementation. Prior authorization includes entering the plan of care into the prior authorization system and notifying the consumer of services and the levels to be provided.

Documenting all pertinent information related to this component.

Qualified individuals under E.1.a, E.1.b, E.1.c, E.1.d, or E.1.e may provide the prior authorization part of this component.

2. Monitoring and Quality Assurance

Visiting with the consumer and conferring, as needed, with informal and formal providers to assure that the services being rendered are sufficient in quantity and quality to meet the health and welfare needs of the consumer as identified on the plan of care.

Reasonable travel time to meet with the consumer or an individual directly involved in the consumer's case are the only allowable travel components.

Documenting all pertinent information related to this component.

Only qualified individuals under E.1.a, E.1.b, or E.1.c may provide this component.

3. Resource Development

Expanding the service options available by challenging the informal supports and formal service providers to be more flexible, and also seeking new or non-traditional resources and services.

Removing obstacles that impede or limit service delivery and identifying alternative sources of funding for services.

Promoting the development of new services or the modifications of existing services when done on behalf of individual consumers.

Documenting all pertinent information related to this component.

KANSAS MEDICAID STATE PLAN

Revision: HCFA-PM-87-4 (BERC) Supplement 1 to Attachment 3.1-A  
March 1987 Page 13  
OMB: 0939-0193

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: Kansas

Only qualified individuals under E.1.a, E.1.b, or E.1.c may provide this component.

4. Gatekeeping

Ensuring public and private resources are used efficiently to meet the health and welfare needs of the consumer as set forth in the plan of care. This involves:

- a. Determining the comparative costs of alternative service options;
- b. Calculating the public provider costs for the services set forth in the service plan of care, as well as tracking services used from other sources;
- c. Monitoring expenditures for services in the long term; and
- d. Advocating for the consumer to obtain services through the preferred provider and delivery system.

Documenting all pertinent information related to this component.

Only qualified individuals under E.1.a, E.1.b, or E.1.c may provide this component.

5. Assistance

Encouraging or assisting the consumer, or his or her family, to work with the various government agencies or service providers to insure that any rights and benefits afforded the consumer are secured and maintained in accordance with program requirements.

Reporting to Adult Protective Services and/or law enforcement any suspected abuse, neglect, or exploitation of the consumer.

Assisting the consumer with acquiring needed supplies in an emergency when informal or formal supports are not available.

Documenting all pertinent information related to this component.

KANSAS MEDICAID STATE PLAN

Revision: HCFA-PM-87-4 (BERC) Supplement 1 to Attachment 3.1-A  
March 1987 Page 14  
OMB: 0939-0193

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: Kansas

Only qualified individuals under E.1.a, E.1.b, or E.1.c may provide this component.

E. Qualifications of Providers:

1. Case management may be provided by either employees or contractors of an Area Agency on Aging recognized by the Kansas Department on Aging and that meet the following qualifications:
  - a. An individual with a four-year degree from an accredited college or university with a major in gerontology, nursing, health, social work, counseling, human development, family studies, or a related area defined by the Area Agency on Aging and that individual has at least one (1) year experience in the human service field; or
  - b. A Registered Professional Nurse licensed to practice in the State of Kansas with at least one (1) year experience in the human service field; or
  - c. An individual with at least one (1) year experience on or before January 1, 1997 as a SRS LTC case manager that is in good standing; or
  - d. An individual with a High School or General Education Diploma and four (4) years work experience in the human services field; or a combination of work experience in the human services field and post-secondary education, with one (1) year of work experience substituting for one (1) year of education as defined by the Area Agency on Aging; and an individual that meets the qualifications in E.1.a, E.1.b, or E.1.c must supervise this person; or
  - e. An individual with a High School or General Education Diploma and one (1) year work experience as defined by the Area Agency on Aging; and an individual that meets the qualifications in E.1.a, E.1.b, or E.1.c must supervise this person.
2. Case Manager Limitations
  - a. Providers of this service may not provide other direct Medicaid services unless the Kansas Secretary of Aging waives this limitation.

Revision: HCFA-PM-87-4 (BERC) Supplement 1 to Attachment 3.1-A  
March 1987 Page 15  
OMB: 0939-0193

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: Kansas

- b. This service cannot be provided in conjunction with any other case management service.
- c. Individuals that meet the qualifications in E.1.d and E.1.e may only provide the service coordination component of Targeted Case Management. Supervisory time of the service coordination component is not billable.
- d. The maximum allowable units per customer are 800 units per year.

F. Freedom of Choice

The state assures that the provision of case management services will not restrict an individual's free choice of providers in violation of section 1902(a)(23) of the Act.

- 1. Eligible beneficiaries will have free choice of the providers of case management services.
- 2. Eligible beneficiaries will have free choice of the providers of other medical care under the plan.

G. Payment

Payment for case management services under the plan does not duplicate payments made to public agencies or private entities under other program authorities for this same purpose.

## KANSAS MEDICAID STATE PLAN

Revision: HCFA - PM-87-4 BERC  
March 1987

Supplement 1 to Attachment 3.1-A  
Page 16  
OMB: 0939-0193

### STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: Kansas

- d. An individual with a High School or General Education Diploma and four years work experience in the human services field; or a combination of work experience in the human services field and post-secondary education, with one (1) year of work experience substituting for one (1) year of education as defined by the Area Agency on Aging; and have at least twelve (12) months experience as a case manager in the field of geriatrics, and employed by, or under contract with, a designated state—authorized case management agency and an individual that meets the qualifications in E.1.a, E.1.b, or E.1.c must supervise this person; or.
- e. An individual with a High School or General Education Diploma and one year work experience as defined by the Area Agency on Aging; and an individual that meets the qualifications in E.1.a, E.1.b, or E.1.c must supervise this person.

#### 2. Case Manager Limitations

- a. Caseloads will be routinely monitored by Kansas Department on Aging quality assurance staff to determine compliance with consumer-based performance criteria. Providers of this service may not provide other direct Medicaid services unless the Kansas Secretary of Aging waives the limitation.
- b. This service cannot be provided in conjunction with any other case management service.
- c. Individuals that meet the qualifications in E.1.d and e may only provide the service coordination component of Targeted Case Management. Supervisory time of the service coordination component is not billable.
- d. The maximum allowable units per customer are 800 units per year.

#### F. Freedom of Choice

The state assures that the provision of case management services will not restrict an individual's free choice of providers in violation of section 1902(a)(23) of the Act.

- 1. Eligible beneficiaries will have free choice of the providers of case management services.
- 2. Eligible beneficiaries will have free choice of the providers of other medical care under the plan.

TN MS 00-22 Approval Date MAR 22 2001 Effective Date 2/1/2001 Supersedes 97-03

# KANSAS MEDICAID STATE PLAN

Revision: HCFA - PM-87-4 BERC  
March 1987

Supplement 1 to Attachment 3.1-A  
Page 17  
OMB: 0939-0193

## STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: Kansas

### G. Payment

Payment for case management services under the plan does not duplicate payments made to public agencies or private entities under other program authorities for this same purpose.